



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Appl. No. : 10/003,252
Applicant : SIMON P. PARRY, ET AL
Filed : December 6, 2001
TC/A.U. : 2874
Examiner : Jerry T. Rahll

Confirmation No. 4505

Docket No. : 13839
Customer No. : 000293

Commissioner for Patents
Alexandria, VA 22313-1450
U.S.A.

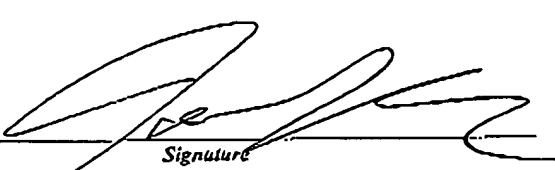
Dear Sir:

In response to the Office action dated February 25, 2004, please amend this application as follows:

- Amendments to the Abstract begin on page 2 of this paper.
- Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.
- Remarks/Arguments begin on page 12 of this paper.

05/27/2004 MHEKONEN 00000069 10003252

01 FC:1201 602.00 OP
02 FC:1202 90.00 OP

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 13839	
Applicant(s): SIMON P. EABLY, ET AL					
Serial No. 10/003,252		Filing Date December 6, 2001		Examiner Jerry T. Rahl	
				Group Art Unit. 2874	
Invention: OPTICAL THROUGHPUT PROTECTION SWITCH				RECEIVED JUN 3 2004	
<u>TO THE COMMISSIONER FOR PATENTS:</u>				TECH CENTER 2800	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	28 =	5 x	\$18.00	\$90.00
INDEP. CLAIMS	10 -	3 =	7 x	\$86.00	\$602.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$692.00
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$692.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2550 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: May 25, 2004</div></div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 10px;">James McGraw (Reg. No. 28,168)</div> <div style="margin-top: 20px;">CUSTOMER NO. 000293</div>					
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><p style="text-align: center;"><i>Signature of Person Mailing Correspondence</i></p><div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div><p style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>					
cc:					